

FORM NO. 1
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Savannah

Township of St. Michaels

Inc. Town of St. Michaels

City of St. Michaels

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50371

Registration District No. 376 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Willis Daniel

(14) NAME BEFORE MARRIAGE Elise Terry

(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.

(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Johnston S.C.

(18) BIRTHPLACE Johnston S.C.

(13) OCCUPATION Laborer

(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth Four

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William M. H. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 1916 (28) W. H. P. H. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.